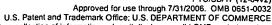
	AMENDMENT TRANSMITTAL LETTER Docket No. 59572(46865)							
Application No. 10/622,377-Conf. #9926			Filing Date July 18, 2003		Examiner J. Hama		Art Unit 1632	
		mas J. Jentsch		——————————————————————————————————————				
Inven	tion: TEST S	SYSTEM FOR	THE DEVELO		THERAPEUTIC AG		PARTICULAR	
		TC	THE COMMI	SSIONER FO	OR PATENTS			
Trar	smitted here	with is an ame	ndment in the	above-identif	ied application.			
The	fee has beer	calculated an	d is transmitte	d as shown b	elow.			
		Olai		S AS AMENI	DED			
	Claims Remaining After		Highest Number Previously	Number Extra Claims Present	Bata			
То	tal Claims	Amendment	- 20 =	riesent	Rate X			
	dependent aims		- 3 =		х	-		
Mı	ıltiple Depend	lent Claims (ch	eck if applicabl	e)				
Ot	her fee (pleas		1,020.00					
TC	TAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			1,020.00	
No additional fee is required for this amendment. X Please charge Deposit Account No. 04-1105 in the amount of \$ 1,020.00 A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Y Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Attorney Reg. No.: 34,558 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444								
I hereby certify that this correspondence is being deposited with the 4.5) Postal Service as Express Mail, Airbill No. EV492338141US,								
in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box/1450, Alexandria, VA 22313-1450, on the date shown below.								
Dated: March 11, 2005 Signature: (Donna R. Davis)								
						-		

PTO/SB/17 (12-04v2)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. **Application Number** 10/622,377-Conf. #9926 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). July 18, 2003 FEE TRANSMITTAL Filing Date First Named Inventor Thomas J. Jentsch For FY 2005 **Examiner Name** J. Hama Applicant claims small entity status. See 37 CFR 1.27 1632 Art Unit 59572(46865) TOTAL AMOUNT OF PAYMENT 1,020.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x | Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 ٥ 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee Paid (\$) Fee (\$) Indep. Claims 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1.020.00

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SUBMITTED BY		-	,				
Signature	Gerses	B.	forte	Registration No. (Attorney/Agent)	34,558	Telephone	(617) 439-4444
Name (Print/Type)	e (Print/Type) regory B. Butler, Ph.D., Esq.						March 11, 2005

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I hereby certify that this corresponder in an envelope addressed to: MS Arr	nce is being deposited with the Unendment, Commissioner for Parent	U.S. Postal Service as Express Mail, Airbill No. EV492338141US, arens, 17.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.		' / // /
Dated: March 11, 2005	Signature:	(Donna R. Davis)